Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| ## " | | | | |
|---|--|--|--------------------------------------|---|
| Name of Committee in Full Friends of Bird | | | | |
| Full Name of Contributor Rebecca Nye | | | Registration Number, if F | AC. |
| Street Address 4107 Broadview Ct | | upation/Labor Organization* Manager | | Form (Cash, Check, etc.) Credit Card |
| City Columbus | State OH | Zip Code 43230 | M D Y | Amount \$50.00 |
| Full Name of Contributor Dr. Scott Ebbrecht | | | Registration Number, if P | PAC Form (Cash, Check, etc.) |
| Street Address 392 Inglewood Drive | Employer/Occu Educate | Employer/Occupation/Labor Organization* Educator | | |
| City Westerville | State OH | Zip Code 43081 | M D Y | Amount \$50.00 |
| Full Name of Contributor OAPSE AFSCME Turnaround OI | hio PA LA 1269 | | Registration Number, if P | AC |
| Street Address 6805 Oak Creek Dr | Employer/Occu | Employer/Occupation/Labor Organization* | | |
| City Columbus | State OH | Zip Code 43229 | 1 0 2 0 1 5 | Amount \$250.00 |
| Full Name of Contributor David Wartel | Registration Number, if P/ | | | |
| Street Address 201 Baranof W | Employer/Occupation/Labor Organization Consultant | | Form (Cash, Check, etc.) Credit Card | |
| City Westerville | State OH | Zip Code 43081 | M D Y 5 | Amount \$50.00 |
| Full Name of Contributor | <u>, , , , , , , , , , , , , , , , , , , </u> | | Registration Number, if P. | AC |
| Street Address | Employer/Occu | upation/Labor Organization | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |
| Full Name of Contributor | <u> </u> | | Registration Number, if P. | AC |
| Street Address | Employer/Occu | upation/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |
| Full Name of Contributor | AC | | | |
| Street Address | Employer/Occu | upation/Labor Organization | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |
| Full Name of Contributor | AC | | | |
| Street Address | Employer/Occu | upation/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]